## DECLARATION FOR PATENT APPLICATION

As a below named inventor, I h	tereby declare that:				
My residence, post office addre	st and citizenship are as stated be	low next to my name.			
names are listed below) of the CYTOKINE ANIAGO LOCALIZED DISOR (check one)XIX is attached here Was filed on	to.	d and for which a par MENT OF	ent is sought on the sp	ne invento	a of which
by any amendment referred to	ed and understand the contents of the				
I acknowledge the duty to discle	ose information which is material to 1.56(a).				
I hereby claim foreign priority b certificate listed below and have before that of the application of	onefits under Title 35, United State saleo Identified below any foreign and on which priority is claimed:	s Code, §119 of any forc application for patent of	ign application(s) fo Inventor's certifica	or patent o ite having :	e inventor's a filing date
Prior Foreign Application(s)				Priority	Claimed
(Number)	(Country)	(Day/Month/Yea	ar Filed)	Yes	No
(Number)	(Country)	(Day/Month/Yes	r Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)		Yes	No
in Title 17, Code of Federal Report PCT international filing data  (Application Serial No.)	gulations, §1.56(a) which occurred e of this application:  (Filing Date)	between the Hing date	(Status—patented,	<u></u>	<u>_</u>
			(Status—natented	nending.	abandoned)
(Application Serial No.)  (Filing Date)  (Status—patented, pending, abandoned)  [Thereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Frademark Office connected therewith:					
Ezra	Sutton, Reg. No. 2	5,770			<u>.</u>
Address all telephone calls toat telephone no(732) 634_3520					
belief are believed to be true; as	ents made herein of my own known the further that these statements we fine or imprisonment, or both, us ay jeopardize the validity of the again the statement of the statement o	ere made with the knowledge Section 1001 of Tit pplication of any patent	le 18 of the United	ise statemi	cury and the
Full name of sole or first in	TION EDWARD L. II	OBINICK, M.D. Date X AP	W 4, 300		
Residence LOS Angeles	California 90095		nited State	es of	America
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	entor, if any			11-1-1-1-1	
Second Inventor's signature _	<u> </u>	Date			
Residence	. ,	Citizenship			, <u></u>
Post Office Address		• •			